

State of New Jersey
Department of Environmental Protection and Energy
Manifest Section
CN 028, 401 East State Street
Trenton, New Jersey 08625-0028

"Request to Deactivate EPA ID Number"

EPA ID No. NJD986648863

Company Name: Paramax Systems Corp., A Unisys Co

Site Address: 2101 East State St + Ward Ave. Hamilton Twp
(street) (city / town)
NJ 08619
(state) (zip code) (lot) (block)

Mailing Address: 3705 Quakerbridge Rd. Ste 101 Trenton
(street / p.o. box) (city / town)
NJ 08619
(state) (zip code)

Company Contact: Tracy Orphanoudakis 609-588-6013
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

☒ The EPA ID number was obtained for a one time cleanup which is completed.

☐ The site has completed an ECRA cleanup (indicate ECRA Case # _____).

☐ Other _____

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

Tracy Orphanoudakis
(printed name)
Procurement Agent
(title)

Tracy Orphanoudakis
(signature)
8/11/93
(date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant

11/11/93 - 10/11/93 - 11/11/93



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/03/93

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD986648863

FACILITY NAME ->

PARAMAX SYSTEMS CORP

MAILING ADDRESS ->

3705 QUAKERBRIDGE RD SUITE 101
TRENTON, NJ 08619

INSTALLATION ADDRESS ->

2101 E STATE ST & WARD AVE
HAMILTON TWP, NJ 08619

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: ORPHANOUDAKIS, TRACY
PURCHASING
PARAMAX SYSTEMS CORP
3705 QUAKERBRIDGE RD SUITE 101
TRENTON, NJ 08619

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

93-04-28

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification

(complete item C)

C. Installation's EPA ID Number

NJ D 98 66 48 86 3

II. Name of Installation (Include company and specific site name)

P A R A M A X S Y S T E M S C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 1 0 1 E . S T A T E S T . & W A R D A V E .

Street (continued)

City or Town

H A M I L T O N T W P .

State

ZIP Code

N J 0 8 6 1 9 -

County Code

County Name

M E R C E R

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

3 7 0 5 Q U A K E R B R I D G E R O A D S T E . 1 0 1

City or Town

T R E N T O N

State

ZIP Code

N J 0 8 6 1 9 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

O R P H A N O U D A K I S

T R A C Y

Job Title

Phone Number (area code and number)

P U R C H A S I N G

6 0 9 - 5 8 8 - 6 0 1 3

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

☐
☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

W A R D A V E N U E A S S O C . C / O V . C I V I L E

Street, P.O. Box, or Route Number

1 5 4 0 K U S E R R O A D

City or Town

State

ZIP Code

T R E N T O N

N J

0 8 6 1 0 -

Phone Number (area code and number)

6 0 9 - 5 8 1 - 0 3 0 0

B. Land Type

C. Owner Type

D. Change of Owner

Indicator

(Date Changed)

Month

Day

Year

P

P

Yes

No

X

ID - For Official Use Only

NJ D 98 6 6 4 8 8 6 3

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

| A. Hazardous Waste Activity | | B. Used Oil Fuel Activities |
|---|--|---|
| <input type="checkbox"/> 1. Generator (See Instructions) | <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. | <input type="checkbox"/> 1. Off-Specification Used Oil Fuel |
| <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) | <input type="checkbox"/> 4. Hazardous Waste Fuel | <input type="checkbox"/> a. Generator Marketing to Burner |
| <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) | <input type="checkbox"/> a. Generator Marketing to Burner | <input type="checkbox"/> b. Other Marketer |
| <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) | <input type="checkbox"/> b. Other Marketers | <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device |
| <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) | <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device | <input type="checkbox"/> 1. Utility Boiler |
| <input type="checkbox"/> a. For own waste only | <input type="checkbox"/> 1. Utility Boiler | <input type="checkbox"/> 2. Industrial Boiler |
| <input type="checkbox"/> b. For commercial purposes | <input type="checkbox"/> 2. Industrial Boiler | <input type="checkbox"/> 3. Industrial Furnace |
| Mode of Transportation | <input type="checkbox"/> 3. Industrial Furnace | <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification |
| <input type="checkbox"/> 1. Air | <input type="checkbox"/> 5. Underground Injection Control | |
| <input type="checkbox"/> 2. Rail | | |
| <input type="checkbox"/> 3. Highway | | |
| <input type="checkbox"/> 4. Water | | |
| <input type="checkbox"/> 5. Other - specify _____ | | |

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. EP Toxic (D000) | (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)) |
|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)


| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

| | | |
|--|---|------------------------|
| Signature  | Name and Official Title (type or print) TRACY ORPHANOUDAKIS, PROCUREMENT | Date Signed 4/20/93 |
|--|---|------------------------|

XI. Comments

DISPOSAL COMPANY: AETC, 3100 HEDLEY STREET, PHILADELPHIA, PA 19137
ATTN: JOHN SCARPIELLO FOR CHEMICAL DETAILS - PHONE #: 215-289-3700
THIS IS A ONE-TIME DISPOSAL OF OLD MICROFILM CHEMICALS.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Paramax Systems
Corporation

3705 Quakerbridge Rd
Suite 101
Trenton NJ 08619-1209
Tel 609 588 6000

ENVIRONMENTAL PROTECTION
AGENCY REGION II

93 APR 27 PM 2: 54

HAZARDOUS WASTE
PROGRAMS BRANCH

PARAMAX
A Unisys Company

April 21, 1993

U.S. EPA Region II
Permits Administration Branch
26 Federal Plaza, Room 505
New York, NY 10278

Dear Sir or Madam:

Enclosed please find an EPA Notification of Regulated Waste
Activity form completed for our company. Please process.

If you need to reach me, I am on (609) 588-6013 after 1:00 p.m.,
Monday through Friday.

Thank you for your assistance.

Sincerely,



Tracy Orphanoudakis
Procurement Agent